

**AFFIDAVIT OF MAILING**

***Please read instructions on reverse side prior to completion of this form.***

Account No. \_\_\_\_\_ Business Name \_\_\_\_\_

I, \_\_\_\_\_, declare that on \_\_\_\_\_ 19\_\_\_\_\_.  
(Print Name) (Date)

I mailed the following document(s):

☐ DE 3BHW, Report of Wages, for quarter ending \_\_\_\_\_.

☐ DE 3D, Quarterly Contribution Return (Voluntary Plan), for quarter ending \_\_\_\_\_.

☐ DE 3HW, Annual Payroll Tax Return for Employer of Household Workers, for year ending \_\_\_\_\_.

☐ DE 6, Quarterly Wage and Withholding Report, for quarter ending \_\_\_\_\_.

☐ Magnetic Tape ☐ Paper

☐ DE 7, Annual Reconciliation Return, for the year \_\_\_\_\_.

☐ DE 88, Payroll Tax Deposit, for the payroll period ending \_\_\_\_\_.

☐ Check No. \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_.

☐ Other \_\_\_\_\_.

by placing them in the United States mail box / post office located at:

\_\_\_\_\_.

The documents were contained in (a) sealed envelope(s) with postage fully prepaid and properly addressed to the Employment Development Department.

**I declare under penalty of perjury that the foregoing is true and correct.**

Executed at \_\_\_\_\_, \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_\_.  
(City) (State) (Date)


\_\_\_\_\_  
(Signature and title of person who mailed the document[s])

\_\_\_\_\_  
(Business Address)


\_\_\_\_\_  
(City) State (ZIP Code)

\_\_\_\_\_  
(Business Phone)

# Instructions for Completion of Form DE 2251A, Affidavit of Mailing



**Employment  
Development  
Department**  
State of California



Health and Human Services Agency

**AFFIDAVIT OF MAILING**

*Please read instructions on reverse side prior to completion of this form.*

Account No. \_\_\_\_\_ (1) Business Name \_\_\_\_\_

I, \_\_\_\_\_ (2) \_\_\_\_\_, declare that on \_\_\_\_\_ (3) 19\_\_\_\_\_.  
(Print Name) (Date)

I mailed the following document(s):

(4) ☐ DE 3BHW, Report of Wages, for quarter ending \_\_\_\_\_.

☐ DE 3D, Quarterly Contribution Return (Voluntary Plan), for quarter ending \_\_\_\_\_.

☐ DE 3HW, Annual Payroll Tax Return for Employer of Household Workers, for year ending \_\_\_\_\_.

☐ DE 6, Quarterly Wage and Withholding Report, for quarter ending \_\_\_\_\_.

☐ Magnetic Tape ☐ Paper

☐ DE 7, Annual Reconciliation Return, for the year \_\_\_\_\_.

☐ DE 88, Payroll Tax Deposit, for the payroll period ending \_\_\_\_\_.

☐ Check No. \_\_\_\_\_ (5) Date \_\_\_\_\_ Amount \_\_\_\_\_.

☐ Other \_\_\_\_\_.

by placing them in the United States mail box / post office located at:

\_\_\_\_\_ (6) \_\_\_\_\_.

The documents were contained in (a) sealed envelope(s) with postage fully prepaid and properly addressed to the Employment Development Department.

**I declare under penalty of perjury that the foregoing is true and correct.**

Executed at \_\_\_\_\_ (7) \_\_\_\_\_, \_\_\_\_\_ (State) on \_\_\_\_\_ (Date) \_\_\_\_\_, 19\_\_\_\_\_.  
(City)

\_\_\_\_\_ (8) \_\_\_\_\_  
(Signature and title of person who mailed the document(s))

\_\_\_\_\_ (Business Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP Code)

\_\_\_\_\_ (Business Phone)

DE 2251A Rev. 16 (3-99) P.O. Box 826880 • Sacramento CA 94280-0001

**NOTICE:** This form will not be processed unless it is accurately completed according to the following instructions:

- (1) Enter 8-digit EDD account number and the business name as registered with the EDD.
- (2) Enter person's name who will sign the affidavit and who actually deposited envelope in the United States mail.
- (3) Enter date envelope was deposited in the United States mail.
- (4) Check appropriate box(es) and enter period covered by document mailed.
- (5) Enter check number or warrent number (not federal reserve or bank number), date and amount.

(6) Enter exact location of United States mail box or United States post office branch where envelope was deposited.

(7) Enter City, State, and date affidavit was signed.

(8) Signature and title of person signing under penalty of perjury, address of business and telephone number, including area code of business.

Please mail this form to the address shown on the correspondence which accompanied this form or the address shown on your Employer Account Statement.